

PLAN REVIEW REQUEST

KELLY P. REYNOLDS & ASSOCIATES, INC.

616 Executive Dr.
Willowbrook IL 60527-5610

16182 West Magnolia
P.O. Box 5518
Goodyear, AZ 85338-5518

1 • 800 • 950 • CODE / FAX 866 • 814 • 2633

RE: _____
Name of Project to be Reviewed:

Township, County or City and State where Project is located:

A. Please accept this as a formal letter of authorization to review the above-named project. Review the enclosed documents for compliance, based on the following codes and amendments *only*. (Check the appropriate Codes and indicate Editions.)

_____ IBC <input type="checkbox"/>	_____ BOCA <input type="checkbox"/>	_____ UBC <input type="checkbox"/>	_____ Building Code <input type="checkbox"/>	_____ Edition	_____ Supplement
_____ IPC <input type="checkbox"/>	_____ BOCA <input type="checkbox"/>	_____ UPC <input type="checkbox"/>	_____ Plumbing Code <input type="checkbox"/>	_____ Edition	_____ Supplement
_____ IMC <input type="checkbox"/>	_____ BOCA <input type="checkbox"/>	_____ UMC <input type="checkbox"/>	_____ Mechanical Code <input type="checkbox"/>	_____ Edition	_____ Supplement
_____ Fire Prevention Code				_____ Edition	_____ Supplement
_____ National Electrical Code				_____ Edition	_____ Supplement
_____ Fire Suppression System (NFPA)				_____ Edition	_____ Supplement
_____ Fire Alarm System (NFPA)				_____ Edition	_____ Supplement
_____ State Amendments				_____ Edition	_____ Supplement
_____ Local Amendments				_____ Ordinance(s) No.	
_____ Energy Conservation				_____ Edition	_____ Supplement
_____ Other					

B. We wish to have the plans reviewed by the following method:

_____ Standard TEN DAY Service. _____ The Express Service (Add x 3 the normal fee from schedule.)
_____ Phased Construction (Add x 1.5 the normal fee from schedule.)

If you should have any further questions regarding this project, please contact me at:

Phone () _____ FAX () _____

Sincerely,

Signature of Building Official or other Authorized Personnel

Date

PLEASE RETURN REVIEW TO THE FOLLOWING:

Name _____
Dept _____
Address _____
City _____
State _____ Zip _____
Phone () _____ FAX () _____

SEND INVOICE TO:

Name _____
Company _____
Address _____
City _____
State _____ Zip _____
Phone () _____ FAX () _____

Return White & Yellow Copy — Keep Pink Copy